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STARH Program

Jakarta, Indonesia

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INTRODUCTION

The STARH Team is pleased to submit the second Semi-Annual Report for the STARH Program. The following report covers the six-month reporting period March – September 2001.

The structure of the report is as follows. The Introduction broadly describes the program's constraints and achievements during the reporting period and will address specific concerns raised by USAID regarding the scope of the work plan and STARH's focus on central level during the first year of the program. The second section will provide a description of prioritized activities, progress towards results, next steps required and STARH outputs associated with each activity area. Finally, an appendix is attached that describes the current status and timescale for completion of each activity in the work plan.

The achievements described below represent those procedural and operational results that are cross cutting and essential for the implementation of STARH. They are described to provide the reader more contextual clarity and to understand the programmatic results presented in the subsequent sections.

Program Achievements for the Reporting Period March – September 2001

- ***Partnerships Developed***. STARH has developed positive working relationships with its counterpart agencies, BKKBN and DepKes. These relationships have been built on ease of access, flexibility, ability to respond to needs and a clear and shared agenda. Access has been facilitated by STARH's office in BKKBN, the availability of program staff to meet BKKBN on short notice and at all times and the participation of STARH in BKKBN official and unofficial functions. Most importantly, STARH has benefited from the open access provided by the BKKBN leadership, and to a slightly lesser extent by DepKes staff.

- ***A Shared Agenda Developed at Central Level***. During the first year, STARH has developed a successful program agenda with central level staff in BKKBN and DepKes. Our reasons for concentrating initial efforts at the centre are fourfold: we have a better understanding of the strategic and institutional environment in which STARH and SOAG are operating; BKKBN and DepKes have had time to understand STARH's agenda vis-à-vis their priority objectives; there is sufficient need for STARH technical and financial support at the national level where inputs influence national policy, national level resource allocations and generate national impacts; BKKBN is not mandated to immediately decentralize, giving it time to articulate a decentralization strategy that has the potential to use STARH support to facilitate the process.

  We are confident that this initial focus at the center has provided a solid foundation for the program's next phase, which will concentrate activities at provincial and district level. In this respect, STARH and BKKBN have agreed on a concept paper that paves the way for district-level activities. STARH intends to start with a limited set of activity areas within selected districts and as capabilities, needs and resources develop, the scope, scale and participation of STARH activities at the district level can be appropriately expanded.

- The STARH program understands the complexity and the scale of RH/FP issues facing Indonesia in this time of transition. To a certain extent this is reflected in our first year work plan which is sufficiently broad to enable BKKBN to participate in setting the STARH agenda and has given them confidence that STARH can support the program in a period of rapid transition.

  The construction of the first year's work plan was a complex process. STARH used the process to ensure counterpart participation, to encourage BKKBN to identify its priorities, to broker support for and get tacit approval of STARH's objectives and to provide a base for future work planning activities. The process took time because activity areas had to be negotiated and agreed with our two partner institutions, and very often with separate directorates within both institutions. Although our first year work plan has been heavily loaded, we feel the investment has been worthwhile. We have succeeded in merging BKKBN, DepKes and STARH agendas and have made strategic decisions that have positioned us favourably for achieving the long term objectives of STARH.

  Furthermore, our first year work plan has helped to define activity areas that will be central to the remaining life of the program and this will be reflected in our second year work plan. A narrowly defined set of program activities during our first year would have limited the ability to respond to the changing situation and hinder coordination and opportunities to leverage other donor and national resources.

- STARH has attempted to be transparent in its agendas, operations and activities. Having learned from the problems of other programs, STARH has tried to maintain transparency in our management and implementation practices. The regular newsletter, open-invitation meetings and broad circulation of (virtually) all program documents has resulted in our partners being informed of STARH's position and role in any given activity.

- ***USAID Assistance Redefined***. STARH has been successful in redefining the role of USAID assistance. We have spent time ensuring that our counterparts understand the function of STARH as a technical assistance program aimed at addressing new and transitional RH/FP activities, rather than a follow-on project to the Service Delivery and Expansion Support Project (SDES) that primarily acted as a source of funding for activities with limited technical capacity.

- ***Donor Collaboration Enhanced***. STARH has been able to develop partnerships with other donors and organizations and STARH is BKKBN's organization of choice when it needs support in dealing with donors. STARH has already supported BKKBN in developing activities with the World Bank, the Asian Development Bank, UNFPA, the European Commission and the Gates Foundation. Several donors have come to see STARH as a technical resource and discussions regarding potential and actual collaboration are ongoing.

Program Problems Encountered During the Reporting Period March-September 2001

- ***Difficult Institutional Environment for Program Implementation***. The problematic institutional environment in which STARH is working should not be understated. BKKBN is implementing simultaneous organizational and programmatic reform that limits absorptive capacity and distracts staff. Given their current agenda and the urgency for change, the task of defining and setting priorities is difficult. This inevitably impacts on the program as STARH members go through the lengthy process of resolving conflicting priorities,

clarifying objectives, developing concepts and action plans and ensuring that STARH is not viewed as a panacea for BKKBN's technical problems (although fortunately, STARH's success in building working relationships with its counterparts has enabled us to rationally turn down proposals outside the scope of the agreed work plan).

- Staff changes within BKKBN impacts on program implementation through the delay of previously agreed activities or a shift in focus or priority for those activities. During this reporting period, STARH experienced the following delay in activities:

  MAQ Workshop – in the original work plan for BKKBN staff but now under review as the new Director of Quality Assurance and Services does not demonstrate the same level of commitment for this activity as his predecessor.

  Support to the Directorate of Prevention of RH Problems, BKKBN – original work plan involved support to this Directorate to prepare guidelines for BKKBN staff to use for orientation of field workers. However, the Director has since been transferred and his Deputy is studying in Australia. As a result, this work is a lower priority for BKKBN and STARH.

  BKKBN Procurement Task Force – despite STARH's remit to work on policies for contraceptive self-sufficiency and commodity reform, it has been problematic establishing a working task force in BKKBN. STARH will continue to pursue this agenda in the new year.

- The sometimes problematic relationship between BKKBN and DepKes has required STARH to address issues of protocol and bureaucratic requirements that are time consuming and often difficult to understand. On the other hand, STARH has been able to play a facilitating role in joint issues that seems to be appreciated by both agencies (e.g. VSC, guidelines, SOAG administration).

- ***Limited Staffing of STARH***. The staffing of STARH is currently inadequate for the range and level of activities. This problem has been exacerbated by travel restrictions, which constrains the use of consultants. A recent STARH retreat has identified staffing gaps. Additional positions are also being requested by BKKBN and others are being developed to support expanded district and provincial level activities. Integrating new staff and concomitant new functions while maintaining quality and a collaborative working environment will be a major management theme in 2002.

- STARH and BKKBN are working through the problems of internal management and reporting. There are regular negotiations on the kinds of information required by BKKBN to meet its management and coordination obligations. This problem is inherent in a complex program like STARH and the partners maintain a positive and proactive discussion on the issues.

ENHANCED POLICY FOR QUALITY OF CARE (IR 1)

Democratization and decentralization are making the RH/FP policy environment more complex. If policy makers do not respond to these changes constructively, it is possible that previous achievements in FP/RH could be seriously undermined. Officials at both BKKBN and DepKes recognize they are working in a dramatically different environment and are currently struggling with an array of policy reviews, policy proposals, policy updates, new policies, devolution of policies and so on. STARH is a valuable partner in this process of change.

Having assessed the policy environment in the early months of the program's start-up with BKKBN, DepKes and USAID, STARH has prioritized its first year policy activities in to three main areas: specific service delivery policies that are currently hindering quality of care, client choice and efficient implementation of services; those policies required to reflect BKKBN's New Era vision of Quality Families; and policy compliance with US legislation. In practical terms, this means that STARH is currently working on the following policy areas:

Service Delivery Policies
- Voluntary Surgical Contraception, policy and guidelines
- National Standards and Guidelines for family planning
- National Standards for Bleeding in Early Pregnancy (in collaboration with MNH)

New Era Policies
- Adolescent Reproductive Health
- Accreditation
- New Era Policy Dialogue

US Legislation
- Tiahrt

In many cases, STARH's policy-oriented activities also include activities that support more than one IR and thus may also impact on IR 2 or IR 3. However, for the purpose of this report, we describe the *main* prioritized policy activities of the last 6-month period under IR1.

1. Policy Support for Voluntary Surgical Contraception

Summary Status: VSC Assessment Completed. Follow Up Work Ongoing

USAID and other donors have provided support for Voluntary Surgical Contraception (VSC) for 20 years, yet use of the method is still low and it is not fully integrated into the national family planning program. To determine whether and how the program would support VSC efforts in the future, STARH contracted the Kusuma Buana Foundation (YKB) to lead an assessment of VSC focusing on three aspects: the policy environment; access to services; and the quality of these services. The assessment drew on information gathered from a number of sources, including interviews with key informants representing all the major stakeholders, field visits in four provinces to observe surgical procedures being performed, counseling, training, supervision, etc.

The team found serious deficiencies in the quality of VSC services which expose clients and providers to unnecessary health risks and which could potentially jeopardize the reputation of the

entire program. The team also found that the current policy environment deters increased prevalence of VSC and quality improvements on a sustainable basis.

STARH initiated a series of meetings with BKKBN and DepKes (separately and jointly), to discuss the findings of the report vis-à-vis current policies on the role of surgical contraception in the national program, the respective roles of DepKes and BKKBN in ensuring quality and the formation of a VSC task force. The task force has now been formed and will propose immediate short-term action to protect the health of clients and providers and will develop a longer-term strategy to ensure quality VSC services on a sustainable basis. STARH support has already resulted in the following significant policy changes:

1. BKKBN has informed STARH that in future, reimbursements for surgical contraception will only be provided to facilities that meet specified standards of quality (as defined by BKKBN, with STARH technical support).

2. DepKes has agreed to STARH's recommendation to discontinue tubectomies in puskesmas until they can demonstrate quality assurance in the management of VSC.

Both these policy changes are recent and have not yet been stipulated in official documents or communicated to the field. Both policy changes represent major departures from the traditional role and attitudes of the respective agencies.

Next steps

- Assist BKKBN and DepKes in implementing the above referenced policy changes through the facilitation of meetings with and between BKKBN and DepKes (at both the Echelon I and technical levels) to formulate better VSC policies, especially to ensure quality and through support to the work of the VSC task force.
- Identify resources to support an overhaul of VSC Services.

2. Policy Aspects for Setting National Standards for Quality Services in RH/FP

Summary Status: All ongoing

It is clear that if quality and choice are to be improved and sustained during the transition to decentralization and beyond, BKKBN and DepKes at central level must establish and enforce basic standards for quality of care. STARH has initiated a series of policy discussions with BKKBN and DepKes regarding this issue, especially for clinical RH/FP services. STARH is urging both organizations to establish clear up-to-date guidelines, to institutionalize them as components of integrated quality assurance systems and to establish mechanisms for sanctioning providers and facilities which do not comply with standards. DepKes strongly supports this set of activities since the RH/FP standards developed have the potential to change the standards for curative and other types of preventive health care.

Additionally, STARH is maintaining a matrix with information on all documents encountered in the field that can be classified as guidelines or standards, with information dates of publication or recent updates and content areas. Currently, the matrix includes 8 family planning documents and 3 broader reproductive health or maternal health documents.

Guidelines specific to tubectomy by minilaparotomy and vasectomy

DepKes and STARH have been working together to review recently printed guidelines developed with technical support from POGI and funding from UNFPA. The document has been translated into English and thoroughly reviewed by Dr. Ricky Lu. A list of comments and recommendations for revisions has submitted to DepKes, who have requested that STARH assist in making the appropriate revisions.

In addition, after observing minilaparotomy and vasectomy training implemented by PKMI, STARH has also contracted Dr. Budi Santoso to conduct an in-depth review of VSC training materials against international references.

Family Planning Guidelines

DepKes has requested STARH's assistance in reviewing and revising the standards and guidelines document, "*Panduan Baku Klinis Program Pelayanan Keluarga Berencana*," originally printed in 1999 with funding from UNFPA. A preliminary review indicates overly stringent eligibility criteria and some confusion in distinguishing between various hormonal methods. The document is currently being translated into English for a more systematic and in-depth review of contents. In the meantime, several copies of the WHO 2nd Edition for Medical Eligibility Criteria are being shared with relevant counterparts.

Next steps

- Revise the English translation of the VSC guidelines and retranslate revisions into the bahasa Indonesia version
- Organize meeting of VSC experts to review revisions and provide feedback
- Publish and disseminate revised VSC guidelines
- Implement a compliance campaign in support of new guidelines (information, supervision, retraining and sanctions).
- Conduct an in-depth review of DepKes' FP guidelines and prepare of a list of recommendations
- Hold a MAQ update and guidelines revision workshop for a working group composed of POGI, IBI, BKKBN and DepKes
- Organize an external review of draft revised FP guidelines
- Publish and disseminate revised FP guidelines

Standards and Guidelines for Family Planning in Bleeding in Early Pregnancy.

In addition, STARH is working with Muhammadiyah and MNH in the revision of standards and guidelines for Family Planning in Bleeding in Early Pregnancy. Progress in this activity is summarized below.

Four hospitals of the Muhammadiyah health system have agreed to revise their Standard Operating Procedures (SOP) for PAC services. Some of the revisions include: clarification of the types of case that can be handled by a general practitioner vis-à-vis a specialist; inclusion of manual vacuum aspiration as the preferred method for treating bleeding complications; inclusion of counseling and appropriate interpersonal communication with patients; provision of contraceptive methods for those patients where it is appropriate; and linkages to other reproductive health services. Obstetrician/Gynecologists for the four hospitals have agreed to

work together to compile an SOP that can serve as a model for the entire Muhammadiyah health system.

STARH and MNH are also working with the National Clinical Training Network to revise the PAC training package (see IR 2). In this process, the learning guides and checklists will be reviewed and revised to strengthen infection prevention and counseling and interpersonal communication steps in the provision of PAC. The content of learning guides and checklists will be checked against the contents of the reference manual to ensure consistency.

This activity is conducted in conjunction with the MNH program, which funds the sub agreement with Muhammadiyah.

Next steps

- Draft SOPs to be completed by December
- Test SOPs in all four hospitals
- Consult and revise as necessary
- Disseminate revised SOPs within the Muhammadiyah health system, as appropriate.
- Revise learning guides and checklists for NCTN's bleeding in early pregnancy training package.

3. Policy Support to Adolescent Reproductive Health

Summary Status: Ongoing

STARH has begun a systematic review of existing Adolescent Reproductive Health (ARH) and ARH-related policies, data and research. STARH has met with two Indonesian experts, Augustina Situmorang (LIPI) and Budi Utomo (Population Council), for consultation regarding the collection of the relevant and up-to-date information. In addition, Anne Palmer from CCP-Baltimore, visited for one week in July for further consultations with government officials and NGOs and to help formulate a communication strategy for ARH. Possible short-term consultants have been identified and a SOW drafted for a review of existing ARH programs.

Next steps

- Policy papers to be written assessing existing youth and adolescent policies, initiatives and data.
- Decision on whether new formative research is needed.
- Recommendations and strategy for STARH activities in ARH.

4. Policy Dialogue on Accreditation of Health Services

Summary Status: Issues Paper Completed. Accreditation to be explored at district level.

There are various ongoing efforts to improve the quality of health care services in Indonesia. Under the Health Project IV, the Ministry of Health initiated some work on accreditation of health services as a means to improve quality against predetermined standards. In BKKBN, Pak Siswanto expressed interest in accreditation models and STARH responded by inviting two consultants, Edgar Necochea and Michelle Heerey, to prepare a policy issues paper that could be

used for discussing accreditation with counterparts and would assess STARH's further involvement in this area.

The consultancy took place in June 2001. The consultants met with key officials of BKKBN and DepKes and visited a successful "Swadana" puskesmas in Jakarta (i.e. a puskesmas which has met certain standards for good management and has been allowed to retain all the revenues generated at the facility as an incentive to improve quality) and a puskesmas in West Java, near Bandung, where confusions about roles and authority have arisen as a result of decentralization. STARH organized a meeting on accreditation, attended by BKKBN, DepKes, health NGOs and USAID, in which the consultants gave a presentation on the main elements and issues of accreditation systems, illustrating their application with third country examples.

The consultants highlighted a series of constraints regarding STARH/BKKBN's strategic involvement in designing and implementing an accreditation scheme (e.g. the short duration of the program vis-à-vis the length of time required to develop an accreditation system; and the sustainability of a scheme after STARH). Whilst BKKBN continues to express interest in piloting less structured certification schemes to recognize and reward facilities and/or providers able to meet RH/FP standards, further discussion of accreditation is on hold until the DepKes policy is clearer and BKKBN makes certification a priority.

5. New Era Policy Dialogue

Summary Status: Ongoing

STARH has assisted BKKBN in the preliminary stages of policy development for the New Era *Keluarga Berkualitas* Campaign. As originally articulated the concept of "Quality Families in 2015" was quite abstract. STARH has worked with BKKBN to translate this abstract idea into a more coherent vision to serve as the starting point for formulating specific policies in RH/FP, and to function as a genuine "vision" in Peter Senge's sense of the term, i.e. as shared ideas which can motivate people and serve to raise their level of aspirations. This preliminary work is far from complete, but STARH has already contributed the "petal" framework as a way of translating the concept of quality family into a more specific set of ideas that can be communicated to the public. The petal imagery reflects the fundamental idea that a married couple must be empowered to plan the number and spacing of their children for the family to successfully plan other desired goals such as educating the children, protecting the family's health, providing material needs and contributing to the welfare of both the family and the community. STARH has recently drafted its own Communication Strategy, which includes advocacy for FP and RH rights as a basic element in promoting quality families, and aims to strengthen the policy environment for these basic human rights at provincial, district and community levels. The STARH strategy incorporates dialogue within the community in its approach to communications for social change, and in this way paves the way for translating the full ICPD reproductive rights agenda into policies that can be appropriately modified in specific regional contexts.

Next steps

- Work with BKKBN and DepKes to specify further New Era policies on family planning and reproductive health, and strengthen the policy environment needed to implement the policies under decentralization.
- Identify any problematic policy areas likely to be encountered in implementing the STARH communication strategy, and make recommendations as appropriate.

6. Compliance with US Legislated Policies

Summary Status: TIAHRT Assessment and Assessment Follow Up Completed.

In spending US funds, STARH is obligated by US law and by the terms of its Cooperative Agreement with USAID, to meet certain legal requirements pertaining to STARH's family planning activities and to take action to ensure these requirements are met. STARH is responsible for monitoring activities to make sure the following requirements are met:

1. Informed choice and the Tiahrt Amendment
2. Informed consent for medical procedures

A USAID/Washington team visited Indonesia in March to assess real or potential vulnerabilities with respect to the Tiahrt Amendment in Indonesia's FP service delivery programs and to make recommendations where appropriate. On behalf of USAID/I, STARH coordinated this activity within Indonesia. STARH provided two team members, served as the team's secretariat and took responsibility for editing, printing and distributing the assessment team's report within Indonesia.

Consistent with the team's recommendations, STARH has developed a Tiahrt monitoring mechanism, which is being integrated into STARH's routine monitoring activities. The mechanism includes a number of indicators that relate to Tiahrt-type issues of informed choice and quality of care, including:

- percentage of SDPs with established mechanisms for client and community feedback;
- number of SDPs with Tiahrt poster (wall chart) displayed;
- percentage of providers following informed choice guidelines; and
- percentage of providers using IEC materials for counseling.

STARH has updated and expanded its policy briefing paper prepared for the assessment team and distributed it to a wider audience of stakeholders. The revised paper draws on further work done by STARH on Tiahrt-related issues since March, including work with BKKBN and DepKes to strengthen informed choice and informed consent procedures.

STARH has initiated a policy discussion with BKKBN on the informed consent forms used for VSC, Implants, and IUD. Current forms and procedures do not meet international or Indonesian standards for informed consent. BKKBN is preparing a proposal on the dissemination and implementation of new consent procedures.

Next steps

- Distribute STARH policy paper on the Indonesian FP program and Tiahrt-related issues, based on the earlier briefing paper published by STARH in March.
- Continue work with BKKBN and DepKes on improving informed choice systems (including revising the format and use of informed consent forms, especially in the case of VSC).

IR1 PROGRAM OUTPUTS

- Completed STARH policy report on *"Surgical Contraception and the New Era Strategy of BKKBN"*. The report identifies weaknesses in the current policy environment for

surgical contraception, describes major deficiencies in the quality of care based on the findings of field visits and makes policy recommendations.

- Edited, Printed and Distributed USAID Assessment Team report, *"Assessment of the Implementation of the Tiahrt Amendment in USAID/Indonesia-supported Family Planning Projects"*.
- Completed STARH policy paper based on earlier March briefing paper, *"The Indonesian National Family Planning Program and the Tiahrt Amendment of the US Congress"*.
- Reviewed and translated DepKes publications *"Pedoman Pelayanan Kontrasepsi Mantap di Tingkat Pelayanan Dasar", Panduan Baku Klinis Program Pelayanan KB*".
- Completed STARH policy issues paper, "*Improving Service Quality through Accreditation"*.

ENHANCED CAPACITY FOR HIGH QUALITY SERVICES (IR 2)

Strengthening the capacity for providers to plan and manage better quality services is perhaps the most strategic issue STARH faces. STARH is adopting a multi-pronged approach to ensure the quality of services is improved and the management of family planning commodities operates appropriately and efficiently to ensure choice. We are currently focusing our attention on the following key strategies to enhance capacity for quality services:

Performance and Quality Improvement of Service Providers through

- Performance Improvement Strategies
- Quick Inventory of Quality & TIMS
- Strategic Planning for NCTN under decentralisation
- IPC/C
- PLKB Training

Contraceptive Security, Planning and Management through

- Logistic Policy Reform
- Logistic Management
- Private Sector Development
- Increasing Client Choice
- Collaboration with other donors

1. Enhanced Capacity for Performance and Quality Improvement through Performance Improvement

Summary Status: PI Tool Developed. Pilot Test Sites Ongoing

One of STARH's strategies for improving the quality of family planning and reproductive health services is to focus on improving the performance of both health care workers and health facilities. A quality improvement approach, Performance Improvement (PI)[1] will be used to continually upgrade the services provided by a health-care worker or a health facility.

The STARH Quality improvement strategy is based on three steps:

1. Revise and update clinical standards and guidelines for the delivery of family planning services (as explained in IR1)
2. Conduct Quick Investigations of Quality facility surveys in STARH districts
3. Use PI principles to work with district teams to define expectations for the performance of health care sites in their district, to analyze the results of QIQ, including the root causes for either high or low performance and the selection of interventions to correct gaps in

[1] This process begins with a definition of the desired performance, based on existing guidelines or policies or experts opinion. Indicators are then developed to measure actual performance against desired performance and an assessment is conducted. After the assessment, the PI team comes back together and may invite additional stakeholders to examine the documented gaps as well as to decipher the root causes of these gaps.

performance. The resulting plan will form the basis for additional support by STARH in the area of quality improvement in selected districts.

While this central strategy is still in its initial development stage, several activities have been conducted to develop materials and test the use of PI as an approach in the Indonesian context.

a. Development of PI tool: the development of a STARH concept paper for PI that has been subsequently reviewed, following a visit in April by Nancy Caiola who presented field applications of PI in various countries worldwide, focusing on JHPIEGO's experience.

b. Pilot testing the PI materials and tools in two sites as described below.

Pilot PI in collaboration with the National Clinical Training Network.

In 1999—2000, JHPIEGO had worked intensively with the NCTN to develop and apply training quality standards for various types of trainers. While these training standards are critical, the NCTN needed to redirect its focus to ensuring high quality training for providers at the district level. However, given that one of the principles of PI is to consider factors other than knowledge and skills (addressed by training) to explain inadequate performance, it was also felt that the NCTN could play a role in introducing a broader perspective to provider performance. As a result, a pilot activity was designed to orient district teams to PI and provide small budgets to apply some of the principles to a chosen area of family planning quality.

Under the auspices of the NCTN, teams composed of representatives from BKKBN, the health Dinas and the NCTN district training center from three districts of three different provinces in South Sumatra, Pemalang in Central Java and Kediri in East Java) were invited to a workshop in Jakarta. Also in attendance were advanced trainers from each of the relevant Provincial Training Centers and representatives from the Ministry of Health and BKKBN in Jakarta. In the four-day workshop, participants used examples from their own districts to work through the PI process and to develop an action plan within a set budget of 10 million rupiah.

Two of the districts developed and submitted action plans, which were reviewed by a joint NCTN, BKKBN, DepKes and STARH committee and approved pending minor modifications. One of the three districts, Kediri, has since completed the activities outlined in the action plan and STARH joined a follow up visit to one of the participating puskesmas to assess progress. The focus of Kediri's district action plan was to raise the quality of IUD services. In the puskesmas selected, compliance to standards as measured by a checklist increased from under 50% to over 80%. Results from other health centers are still pending from the Kediri team.

A follow up visit and several telephone calls have also been made to the other districts to ensure continued progress. The Pemalang district team is the least advanced in its progress, perhaps because they started with too ambitious a proposal.

Next steps

- Additional follow up to assist Pemalang and OKU districts in completing and implementing their action plans.
- Development of a new phase in Kediri, whereby providers from the facilities will participate in an orientation to performance and quality improvement and work with the district team to develop a new action plan. STARH hopes this will facilitate the transfer of problem solving skills to the facilities and sustain the performance improvement cycle.

- Once all districts have completed at least one cycle of action plan, another meeting will be held with all of them to synthesize lessons learned and recommendations concerning the NCTN's role in improving provider performance at the district level.

Pilot PI in IBI Clinics

The Indonesian Midwives Association is a member and stakeholder in the National Clinical Training Network, and its president, Ibu Wastidar, attended the NCTN's Performance Improvement workshop for district teams. At the end of this workshop, she requested STARH to help improve the quality of services at IBI clinics. This presented STARH with an opportunity to test a single facility using PI techniques to improve the quality of services. Also, this was seen as an opportunity to identify midwives who could act as PI facilitators in later STARH activities. Five clinics in five different STARH provinces were selected to participate in the activity. Because IBI clinics include MNH services, STARH got assistance of Dr. Pancho from MNH.

The first activity brought together supervisors of five clinics (both the internal supervisor, i.e. the clinic manager, and the external supervisor from the province level) to work together at defining priority areas, the desired performance and to prepare an assessment. Priority areas for clinical services were family planning and normal delivery services and for non-clinical areas, case loads and logistics.

STARH then worked with IBI to develop or adapt existing supervisory tools. IBI standards documents were used as references. Ten different instruments were prepared[2] and clinic supervisors were asked to complete the instruments. Central level IBI supervisors also visited each of the clinics and provided assistance and verification for the assessments. STARH staff also made some facility visits.

Preparations for a PI workshop continue. The STARH team and IBI have reviewed the data collected and additional PI materials in bahasa Indonesia are being prepared. A PI resource team has met to discuss strategies to clarify the objectives of the workshop and ensure that the varying needs of each clinic team can be met.

Next steps

- A workshop will be held the week of October 7 for staff and supervisors of the 5 clinics as well as resource persons from the central level. At this workshop, each clinic will develop an action plan for making quality improvements in a few selected areas.
- STARH and IBI will conduct follow up activities with each of the clinics.
- Once the action plans have been implemented, a repeat assessment will be conducted to measure changes in performance.

[2] These included a general clinic information form, a FP counseling checklist, two infection prevention assessment tools, a partograph record review checklist, a form to list and characterize competing service delivery providers in the 2 km radius of the clinic, an inventory form for family planning and safe delivery supplies, a form to report the last three months stocks in contraceptives and two different interview guides, one for IBI clinic clients and another for potential clients, i.e. women who live in the vicinity of the clinic but use another provider.

2. Preparation of Quick Inventory of Quality

Summary Status: Ongoing

STARH intends to use the Quick Inventory of Quality (QIQ) — a set of tools developed by the Measure/Evaluation Project — to objectively measure quality of care for purposes of program design, monitoring and advocacy. QIQ has been presented to and agreed by BKKBN. STARH is currently working to decide several issues that will influence the implementation strategy. These include: national or provincial level implementation, site specific data generation for purposes of testing STARH interventions and how to integrate QIQ into existing quality monitoring systems. Current systems are subjective difficult to quantify, not analyzed for trends or for aggregate measures of quality and they do not focus on reproductive health. Implementation is due to start in the first half of 2002.

Next steps

- Constitute a working group at BKKBN with participation from Operations & Research, and DepKes.
- Identify implementing agencies and STARH technical resources required.
- Make decisions on implementation structure (internal vs. external implementation, institutionalization, provincial or national coverage, phased vs. one-time field work)

TIMS™ Expansion

The Training Information Management System (TIMS) is a tool for managing training -related information. The TIMS database, in Microsoft® Access, allows information on trainers to be linked with training courses and participants and allows a manager to track the qualifications of providers and trainers. The program is particularly useful in large training systems for the purpose of monitoring trainers. However, it also has potential as a tool for managing participant follow up and analyzing deployment of trained providers.

TIMS was introduced and piloted within the NCTN under SDES, as part of a Training Quality Assurance (TQA) initiative. STARH and MNH recently invited a consultant from Baltimore to help review the results of this pilot test. In data cleaning, several problems were identified and are being corrected through a revision of the data collection forms and the preparation of new user guides and tools. Also, the synchronization feature of the program did not function effectively. While STARH and MNH are encouraging the NCTN to continue collecting routine data on its training activities, data entry will be temporarily restricted to Jakarta. Regular reports will be generated quarterly and distributed throughout the Network. In the meantime, ongoing software development is taking place in Baltimore to allow data from various locations to be merged into a master file.

Next steps

- The new TQA/TIMS forms need to be discussed by the NCTN trainer's forum and approved.
- Dissemination of TQA/TIMS forms and manual to all training centers.
- Quarterly reports to be generated and distributed.
- Development of new version of software and testing.

3. Strategic Planning for the National Clinical Training Network

Summary Status: Ongoing

The NCTN's institutional capacity to maintain a large training network is critical to STARH not only because STARH hopes the NCTN can help with the funding of district-level activities, but because BKKBN and the Ministry of Health depend on the NCTN to fill gaps in provider knowledge and skills in the field. Under decentralization, planning and budgetary decisions will be made increasingly at the local level, yet the NCTN is not structured to support district training centers in managing requests for training. In addition, a new financial structure is necessary for the NCTN to be able to provide ongoing supervision and training skills to the districts without relying on donor assistance for Network coordination.

JHPIEGO (TRH) funded a qualitative review of NCTN achievements which included analysis of 106 self administered questionnaires to trainers and NCTN managers, interviews with 107 respondents in 6 provinces and 8 districts and 13 focus group discussions with providers who had attended NCTN training courses (a draft report is available). This report is now forms the basis for an ambitious strategic planning process for the NCTN. The goals of strategic planning include:

- Operationalizing the NCTN commitment to give a larger role to IBI and IDI in managing and coordinating the NCTN;
- Continuing to maintain high quality in clinical training standards;
- Preparing for NCTN sustainability and the withdrawal of support for the coordination unit at the central level;
- Strengthening the ability of district training centers (DTCs) to work collaboratively with local governments in planning and implementing clinical training and follow up.

STARH has contracted PriceWaterhouseCoopers to provide limited assistance in facilitating the strategic planning process. Currently, consultation meetings are taking place at province levels with participants from all 18 provincial training centers and from active DTCs in STARH provinces.

Next Steps

- A strategic planning workshop for the NCTN is planned for October and will result in a 5 year strategic plan and a 2-3 year action plan.
- Socialization of Strategic and action plans.
- STARH support for elements of action plan (to be defined)

The NCTN strategic planning process is being implemented in collaboration with the MNH Program.

4. Enhanced Capacity for Interpersonal Communication and Counseling (IPC/C)

Summary Status: Under Development

IPC/C for *Bidans* and PLKBs

The STARH program is committed to the continuous improvement of Interpersonal Communication and Counseling (IPC/C) at service delivery sites to ensure quality service and informed choice for clients. During this reporting period, STARH has conducted a series of meetings with our partners and within the STARH team to gain consensus regarding the approach and strategic foci of the initiative.

Within this reporting period, the STARH team has carried out the following activities:

1. IPC/C has been integrated into the comprehensive Communication Strategy as both an important communication channel in its ability to reinforce mass media and community mobilization. The IPC/C strategy will focus on improving the skills of both *bidan*s and PLKBs. The IPC/C areas to be stressed are technical content, psycho-emotional support, follow—up, side effects, and respect for clients particularly, needs and choice.
2. Coordination with MNH to synchronize the planning, implementation and content of IPC/C training materials and job aids.

Next Steps

- Establish a task force of DepKes, BKKBN, professional organizations and universities to review and improve the existing IPC/C module and materials. Technical guidelines updates, job aids, client materials, and other IPC/C materials will be considered in this review process.
- Conduct an assessment and review of National FP IPC/C curriculum and training support materials.
- Develop an IPC/C implementation strategy.

5. Building Capacity for Community Level Change through BKKBN's Field Structure and PLKB's

Summary Status: PLKB Strategy Developed. Training Ongoing

To anticipate the needs and challenges of the "New Era" national RH/FP program, BKKBN needs to reposition the role of the PLKB field workers who manages FP activities at the village level. Repositioning in this context refers to efforts to reorient the roles of PLKB from workers (doing activities) to "leaders" (managing their communities for results in a decentralized system).

STARH responded to a request by BKKBN to assist in developing the strategy for the repositioning of the PLKBs. The following activities have been supported and completed:

1. PLKB working group of BKKBN staff established. The PLKB team has been very active and holds regular meetings.
2. Field visits conducted in Central Java, South Sumatra and Central Sulawesi (selection of provinces based on Java-Bali, Outer Island I and Outer Island II) to assess the current roles of PLKBs.

3. Presentation of field visit findings by PLKB team and PLKB development strategy outlined to echelon I within BKKBN. This meeting was designed to build consensus on the desired performance and roles of PLKBs.
4. A PLKB Strategic Development workshop was conducted at the end of July. Participants included the Minister of Women's Empowerment, the head of BKKBN, Echelon I & II, and representatives of selected provinces, PLKBs and community leaders.

Next steps

- BKKBN PusLatPeg (Center for Personnel Training and Program Workers at BKKBN) have developed a ten day training program based based on curricula developed by Price Waterhouse Coopers and the Gates Leadership Program. BKKBN will invite 120 PLKBs from STARH provinces and trainers from the 30 provinces for 8 days of training. The participants will be divided into 5 batches, one batch consist of 24 PLKBs and 12 trainers. Each training session will be evaluated and the materials and course structure modified accordingly. Parallel with training, the PLKB team will continue revising the Guidelines for PLKBs.

6. Logistics Policy Development

Summary Status: Ongoing

As a result of the findings from the field visits implemented in the first six months of STARH and technical inputs from the logistics advisors, STARH realizes that BKKBN needs a dual approach that focuses on the mechanics of contraceptive logistics and simultaneously address a range of policy issues such as distribution of subsidized contraceptives to the poor, expanded use private sector sources and supplies and contraceptive procurement in a decentralized system. Since any policy change or intervention will have broad ranging implications, STARH has recommended that policy development come first. To this end, STARH has asked BKKBN to form a taskforce of technical staff to review options and prepare recommendations to BKKBN's Echelon I decision-makers.

Whilst BKKBN's leadership has agreed the concept of a Taskforce, its implementation has been problematic. Convening the Taskforce has been hampered by activities to launch the Quality Family campaign in June, the change in government in early July, and frequent travel by the Director of the Logistics Office throughout the last few months. Terms of reference, background documents and agendas have been prepared for the first meeting which will take place at the soonest opportunity.

Next steps

- Facilitate the work of the taskforce.
- Prepare concept papers and issue specific recommendations to BKKBN decision makers.
- Obtain BKKBN decisions on recommendations.
- Prepare operations research activities to test the feasibility of specific strategies for ensuring subsidization of contraceptives for the poor and access to private sector products for the non-poor.

7. Logistics Management

Summary Status: Ongoing

The need for dramatic changes in the logistics system were highlighted after an initial visit by the JSI technical advisor, which resulted in a further definition of priorities in logistics. In July, STARH prepared and delivered a presentation for the entire staff of BKKBN's Logistics Office on the principles of logistics management, focusing on the requirements of a pull system of contraceptive distribution which BKKBN is trying to implement.

Next steps

- STARH will consider funding the participation of BKKBN logistics staff to the next DELIVER international training course (April 2002).
- STARH will support BKKBN in the implementation of the pull system.

Collaboration with the European Commission for the preparation of a procurement manual and tracking NORPLANT distribution

Summary Status: Ongoing

The European Commission proposed developing a manual to explain procedures, to plan cost effectiveness, contraceptive sources and to highlight possible procurement problems. STARH is committed to reviewing and field-testing the procurement manual for contraceptive commodities.

Next Steps

- Currently BKKBN have given the manual low priority, but when the 2002 budget provides limited funds for central procurement, the procurement manual will become a priority. STARH will wait until priorities change and the European Commission finishes its first draft before support is given.

STARH provided assistance to USAID to facilitate decisions regarding where the last USAID-procured Norplant® should be sent. STARH is maintaining records of lot and batch numbers of the donated Norplant sets in order to track their movement.

Next steps

- Work with the European Commission to track Norplant distribution as part of future monitoring visits to the provinces

8. Private Sector Development

Summary Status: Under Preparation

Aside from pushing the policy agenda, only preliminary activities have taken place to support private sector development. STARH has met informally with both Indonesian manufacturers and distributors of contraceptives. Negotiations are taking place with PT Sinapsis to obtain regular

reports on private sector market shares through formal distribution outlets. STARH has also met with DKT on various occasions to incorporate their current social marketing experiences into our planning and to identify opportunities for collaboration.

Next steps

- Develop a basic private sector strategy to stimulate BKKBN to consider its options and roles in supporting contraceptive use for the non-poor. The strategy will be prepared by a private sector specialist.

9. Expanding Client Choice

Summary Status: Ongoing

Guidelines for Implant Tracking System and Use of DIP Subsidy for Removals

As mentioned in the earlier report, STARH worked with Dr. Lely, formerly Director for Quality Assurance and Services at BKKBN, to develop a concept paper for piloting a more comprehensive system for ensuring high quality Norplant removal services, using the DIP subsidies. After the concept paper was written, Dr. Lely planned an assessment of how subsidies had been allocated and used. A meeting was convened of various relevant offices within BKKBN, including Finance, Reporting and Recording, as well as ADB project officers. Provinces and districts were identified and a questionnaire was developed. However, the visits have yet to take place as BKKBN was reorganized and Dr. Lely was transferred to another Directorate. The new Director, Pak Dasep, was briefed about this activity. However, no further progress has been made.

Next steps

- STARH is waiting to hear from BKKBN whether there is continued interest in implementing activities previously agreed. We expect that when the Asian Development Bank asks for an accounting of the subsidy, BKKBN will seek to respond. Whether further STARH assistance will be required is unclear.

Emergency Contraception

STARH's mandate includes expanding choices for Indonesian women and families. One family planning method, which is still not well known, is Emergency Contraception (EC). Given the high unmet need for family planning in Indonesia, reports of high rates of method failure as well as the reported reliance on unsafe abortion, EC could prove valuable in addressing the needs of selected users.

Prior to STARH's inception, the Emergency Contraception Consortium implemented an introduction trial of Postinor 2®, the brand name for the emergency contraception pill made of 0.75 mg of levonorgesterol to be taken twice 12 hours apart. Indonesia was one of four countries where this trial was implemented. The Consortium core team was composed of Pathfinder, PATH, ICOMP and WHO. The Consortium also collaborated with IPPA, POGI, IBI, PT Tunggal (Indonesian distributor for Postinor 2®, BKKBN and the Muhammadiyah Health Council. The trial's evaluation documented the experience and identified future courses of action.

Through reviewing this report, STARH learned of the Muhammadiyah Health Council's strong support in assisting the Consortium in its efforts to obtain BPOM (Indonesian Food and Drug Administration) approval for registering Postinor 2® in Indonesia. Muhammadiyah subsequently approached STARH about potential areas of collaboration and emergency contraception was one of the areas selected. STARH staff have since met with representatives from both PATH and WHO. The Consortium no longer has funding for promoting emergency contraception in Indonesia, but STARH can offer support to continue the work initiated with the trial.

There were several lessons learned from the trial. For example, the trial was originally intended to introduce emergency contraception in the broad sense of the term but really focused more on the levonorgesterol product. Thus, other regimens, either using combined estrogen-progesterone hormonal pills (Yuzpe regimen) or the use of IUDs, were downplayed. Postinor 2® does present several advantages over other regimens (lower side effects than the combined hormonal method and easier administration than the IUD); yet, many midwives were concerned about distributing Postinor 2® during the study for fear of creating a dependency on an unregistered product for which resupply was not guaranteed. Also, emergency contraception was often confused with menstrual regulation and clients came to providers, after the 72-hour window for emergency contraceptive pills (ECP). Nevertheless, there was strong support from users, potential clients, providers and opinion leaders for registering Postinor 2® and disseminating information about other methods of emergency contraception. The Indonesian Midwives Association and Muhammadiyah were especially supportive. The Dean of Islamic Religion at Muhammadiyah University has recently developed an issues paper on the subject. However, the Ministry of Health and BKKBN were perhaps not sufficiently involved in the trial and as a result have shown reluctance to support the promotion of emergency contraception. There remain concerns about potential "misuse" of emergency contraception.

At this stage, STARH is implementing a dual-pronged strategy. The first axis is to continue the process of registering Postinor 2®. BPOM has a complete file and reports that the biomedical contents of the file are complete and sufficient for approval. Another BPOM requirement for approval consists of documentation in support of the socio-cultural acceptability of the product. For this, the Indonesian Religious Council or Majelis Ulama Indonesia should provide official backing to the product's registration. Similar support from BKKBN or another Government entity would be helpful to the process, although not essential. STARH has joined efforts with PATH, as well as a small group of religious scholars, to establish the socio-cultural acceptability for BPOM. The second axis consists of working with the Muhammadiyah Health Council to develop an information and education kit about emergency contraception for providers, community leaders and clients. The kit will then be disseminated throughout the Muhammadiyah network. Subsequently, questionnaires will be sent to the recipients of the materials to follow up on their experience, reactions, attitudes to EC, client response, potential problems and provider/facility constraints. Currently, STARH is still working on the terms of an agreement with Muhammadiyah. Muhammadiyah is also interested in marketing an EC pill under their own brand name.

Next steps

- Finalize and implement plan for advocating with religious leaders about emergency contraception.
- Develop and implement sub agreement with Muhammadiyah to develop and disseminate emergency contraception information kits.

10. Donor Coordination

Both USAID and STARH participate actively in donor coordination with respect to contraceptive commodities. During the reporting period, STARH produced two briefing papers for donors regarding GOI's estimated needs for contraceptives in 2002 and beyond. Subsequently, STARH participated in a technical working meeting with BKKBN, UNFPA and the European Commission to discuss issues surrounding the estimated contraceptive needs for 2002. At this meeting, STARH joined UNFPA and the European Commission in pledging to advocate with the DPR's Commission 7 and the Ministry of Finance, for a budget for contraceptive procurement and for maintaining some centralized procurement mechanisms, even if the funds and planning decisions are decentralized. The meeting and subsequent informal interactions between STARH's Logistics Specialist and the Logistics Bureau at BKKBN has been very useful in encouraging BKKBN to clarify the methodology used for developing their estimates of needs. As a result, new estimates are expected in early October.

Next steps

- Continue to assist BKKBN in presenting its case for centralized procurement in the context of decentralized budgets and planning decisions.
- Maintain open and frequent interactions with all donors involved in contraceptive commodity issues.

IR2 PROGRAM OUTPUTS

- Completed STARH Concept Paper on Performance Improvement
- Prepared set of materials on PI in bahasa Indonesia.
- Two district action plans prepared for applying the performance improvement to an FP/RH service problem.
- Kediri monitoring report on changes in performance, as a result of an intervention (in preparation).
- Prepared and tested assessment tools for IBI clinics.
- Baseline assessment of service delivery and quality for each of 5 IBI clinics.
- Completed assessment report identifying the gaps of PLKB roles in New Era.
- Completed Strategic Plan of PLKB's Roles.
- Curriculum developed of PLKB training in collaboration with Price Waterhouse and the Gates Foundation.
- Draft terms of reference and background paper prepared for Logistics Policy taskforce (in bahasa Indonesia).
- Recommendations of Logistics policy changes — See trip report by Nora Quesada, May 2001.
- PowerPoint presentation prepared for BKKBN logistics staff development activities.
- File on USAID donation of Norplant.
- STARH Briefing paper for donors: *"Review of BKKBN Data on Contraceptive Needs for 2002*", 24 August 2001.
- STARH Briefing Paper for donors: "*Issues in Family Planning Commodity Estimation For Indonesia*", 16 August 2001, by Gary Lewis.
- Draft letter to the House of Representatives and Ministry of Finance New estimates for contraceptive needs in 2002 (to be issued soon).

- Completed SWOT analyses and questionnaires from 18 provinces and approximately 48 DTCs as part of NCTN strategic planning exercise.

COMMUNICATION AND ADVOCACY (IR 3)

STARH is developing a comprehensive and multi-phased advocacy and communication strategy to ensure the continued use of family planning and to generate public demand for higher quality services. Nationally, STARH will focus on communicating and advocating BKKBN's vision of Quality Families, and within that strategy, on specific target groups such as men/couples. In addition, STARH will work at local levels to promote alliances for social change and foster community participation. We are currently involved in the following activity areas:

1. Communication Strategies

Summary Status: New Era Communication Strategy Completed. Action Plan Ongoing

STARH has assisted BKKBN develop its "New Era Advocacy and Communication Strategy". STARH has also produced its own Communication and Social Mobilization Implementation Plan, designed to support and expand the BKKBN strategy but with an increased focus on communicating quality and choice. The STARH strategy is based on achieving 8 principal objectives. These objectives reflect the policies establishing the new direction for BKKBN. For example, the first objective reads: "To improve the quality of communication and interaction between reproductive health providers and clients, as well to increase women's and men's participation and community involvement in reproductive health delivery".

Next steps

- Develop and implement a detailed action plan for the STARH Communication and Social Mobilization strategy.

2. Advocacy

Summary Status: Ongoing

Advocacy is key in order to get support from and to increase awareness of the new vision and mission among policy makers and influential people at all levels. BKKBN's new vision is Quality Families by 2015. The new vision demonstrates BKKBN commitment to go beyond family planning towards reproductive health rights, focusing on quality and choice. BKKBN's challenge is to position family planning as a program that is not driven from the top, but as one responsive to the needs and changing aspirations of the community.

A five-year comprehensive communication and advocacy strategy that reflects synergies across sectors for BKKBN (and STARH) forms the basis for developing a series of continuing activities. STARH has worked with BKKBN to develop an advocacy campaign for the general public through the mass media and a wide variety of national, provincial and community events. Activities already implemented in support of the advocacy strategy include:

- Two versions of TV commercials and radio programs have been developed and the first version of the TV and radio program have aired since June 2001.

- Fifty thousand Quality Family posters and 200 videos were distributed to provinces in Indonesia.
- BKKBN, assisted by STARH has developed and produced materials for internal advocacy to build and promote understanding of the New Era vision, mission, and strategies within BKKBN's field structure and disseminated advocacy materials to officials, legislators, local leaders, private sectors, and NGOs.
- STARH has developed and distributed 1,000 copies of fact sheets describing various issues regarding BKKBN's new vision and mission. More fact sheets will be forthcoming for parliamentarians, NGOs, community leaders and private sector groups.

In conducting the above activities, STARH collaborated with the Directorate for Advocacy and IEC at BKKBN and senior staff, including the Principal Secretary and Minister Khofifah. MACS909, an advertising agency, which was selected through a competitive bidding process, helped create, test and produce appropriate messages and materials.

TVRI and several private TV stations supported the campaign by providing free airtime or substantial discounts. Collaboration efforts with *Kompas*, the biggest daily paper in Indonesia, resulted in a panel discussion between journalists and reproductive health experts. STARH will continue to work with journalists to ensure continuing media coverage of Quality Family and other FP/RH issues, with a particular focus on media sensitive policymakers.

STARH is also working with other media groups such as *Media Indonesia, Suara Pembaruan* and *The Jakarta Post* to develop continuing coverage for reproductive health issues. A press tour of reproductive health activities to four different provinces by national level journalists has taken place. The tours have provided material on Quality Family issues at provincial and district levels and generated media interest and coverage.

STARH is collaborating with Inter-News, a USAID-funded CA that focuses on the development of radio programs targeting grass root communities. Inter-News is providing free air time to STARH in disseminating the RH/FP messages. Inter-News is also providing training on the production of radio programs that relate to health issues. STARH is providing messages, data and other information as needed.

Advocacy and media activities started with a "big-bang" launch ceremony of the Quality Family on the occasion of Harganas (National Family Day) on 29 June 2001. The ceremony was opened by former President Mr. Wahid and former Minister of Women's Affairs and Chairperson of BKKBN, Ms. Khofifah Indar Parawansa, and attended by donors, ministers, policy leaders, as well as the public. One day before the ceremony, as a pre-launch event, Minister Khofifah spoke on two TV talkshow programs, *Selamat Pagi Indonesia* (RCTI) and a special program titled "*Menuju Keluarga Berkualitas*" (TVRI), set up and facilitated by STARH.

Next steps

- Continue airing the *'dangdut'* version of the TV commercial until December 2001 as an 'umbrella' and bridging campaign while new versions regarding Quality and Choice are being developed.
- Within the next six months, produce new spots about reproductive rights (informed choices), client responsibilities and smart clients (active participation) as a follow on to the Quality and Choice spots.

- Finalize a Power Point presentation to be used by field worker and BKKBN staff (nationally and locally) articulating all aspects of the Quality Family concept.
- Produce five sets of fact sheet during the next six months to generate support among policy makers at all levels for reproductive health and the agendas of the Quality Family program.
- Develop and update the BKKBN website with Quality Family information to be downloaded by interested BKKBN staff as well as the public.
- Assess the need for BKKBN staff to conduct advocacy activities at provincial and district levels to get support from local parliaments, local partners and NGOs.
- Assist BKKBN in developing an advocacy orientation module for BKKBN staff at all levels.
- Continue organizing the press tour with journalists not only from newspapers and magazines, but also from radio and local TV stations.
- Explore further the potential partnership with TRANS TV station. If STARH can provide or develop good programs, TRANS TV will provide free airtime (or with special rates). The collaboration could be developed in several ways: joint production, sub-agreement or loose collaboration (STARH produce programs, TRANS TV air them).
- Enter into a partnership with the Independent Journalists Association. Based on preliminary discussions, STARH is exploring the possibility of building a journalist alliance that focuses on RH/FP. The alliance could create wider coverage of RH/FP through all media in Indonesia and build capacity for journalists to strengthen their skills in covering issues in RH/FP.

3. Communication for Social Change

Summary Status: All Ongoing

Although individual contraceptive behavior change is the final determining factor for increased contraceptive prevalence, it is evident from BKKBN's New Era strategy that models of individual behavior change alone cannot reach the complex goals of social change needed by Indonesia, if it is to ensure its reproductive rights and health goals. Social influence and peer pressure, for example, are major determinants of gender inequity and adolescent sexual behavior.

Social change can be accelerated through the synergistic relationship of change agents mobilizing communities, mass media and interpersonal communication.

The components of the Communication and Social Mobilization strategies to achieve the social change objectives have been called "Smart Clients" and "Smart Communities" and "Social mobilization for reproductive health rights and quality and choice in family planning", now coined the SMART Initiative.

Empowering clients and communities

The quality of Client Provider Communication (CPC) is critical to raise overall quality. To improve the quality of communication and interaction between reproductive health providers and clients, as well as to increase women's and men's participation and community involvement in reproductive health delivery, STARH has prepared the "Smart Clients, Smart Providers and Smart Community" Initiative. This initiative is based on an earlier study "Coaching for Smart Clients" the results of which demonstrated significantly improved interaction between client and

provider. The "Smart Client, Smart Provider, Smart Community" strategy will be implemented in the STARH provinces.

Next steps

- Finalize and integrate the Smart Clients, Smart Providers and Smart Community strategy.
- Take the initiative to relevant provinces and districts.
- Implement in selected provinces and districts.
- Conduct preliminary assessments to guide roll out of the initiative.

Mass media and materials for clients

Mass media reinforces the key ideas and behaviors of "Smart Clients, Smart Providers and Smart Communities." TV has been shown to be the most effective media in Indonesia to create awareness and knowledge. Therefore, STARH will use TV as the primary mechanism for disseminating information.

STARH has compiled potential messages from transcripts obtained through the "Coaching for Smart Clients" study that could be used and tested for the intended audiences. Those messages will be used for client materials as well as provider materials, such as posters, brochures, cue cards, and clinical guidelines.

STARH has also collected existing materials that have been produced by BKKBN, MMC/Baltimore, IDI, IBI and any others, and these will be used for historical reference in developing new materials. STARH will also assess whether any of those materials could be reproduced and used as part of the "Smart" initiative.

Next Steps

- Develop a "creative brief" for the advertising agency on Smart Client, Smart Community initiative.
- Conduct formative research to develop messages, based on the findings of the Smart Patient Study.
- Develop method specific material to improve client knowledge.
- Brief MACS 909 so that they start developing dummy/mock up of the materials at the same time as messages are developed.
- Develop TV spot focused on client rights (informed choice) Responsibility (informed demand) and Smart Client (active participation).
- Develop job aids, materials for clients, community and providers.
- Continue working with BKKBN to conduct quick assessments of the information needs in the field.
- Work with IBI and other professional organization in materials development to meet the specific needs of providers.
- Continue working with Baltimore staff to develop Smart Client messages and materials.

4. Community Participation

Summary Status: Under Development

As described above, emphasizing individual change alone cannot achieve the complex goals of social change. STARH is developing initiatives to mobilize communities through two-way communication and facilitation.

Community participation activities focus on increasing partnerships and alliances for reproductive health rights and quality and choice in family planning. The main objectives for social mobilization are to: (1) Build BKKBN's capacity to work with communities or local NGOs (2) Develop a wider social alliance for reproductive health rights (3) Develop advocacy tools and skills so that local groups can support family planning and reproductive health rights.

In line with the BKKBN new paradigm, the community participation component also seeks to reposition FP as a program that is not driven from the top, but responsive to the needs and changing aspirations from the community. Through mobilization, STARH hopes to shift leadership roles from the government, to communities.

At STARH's request, a proposal was developed by YKB with a strategy for improving NGO capacity and skills to manage self-reliant reproductive health programs. In addition to training, YKB will provide technical assistance and follow-up as needed, to the seven selected NGOs.

STARH is also developing a network of NGOs to advocate for RH at national, provincial and district levels. In this effort, STARH is collaborating with HI-2010 and Pita Putih (White Ribbon Alliance) to build the alliances for family planning and reproductive health rights.

Next Steps

- Implement of YKB proposal that will be linked to Smart Provider, Smart Community and Smart Client strategy.
- Collaborate with HI-2010 and Pita Putih on building community alliance (CBO and NGO) focused on FP/RH.

5. Increased Role of Men

Summary Status: Under Development

The goal of male participation is to reinforce the value of husbands' role in practicing FP, promoting spousal discussions about RH/FP, demanding quality of care, and promoting self-reliance in procuring RH/FP services.

STARH has conducted a series of meetings with the BKKBN Directorate for Male Participation to discuss how to position men in a BKKBN's overall RH/FP strategy and to develop a communication strategy for male involvement. STARH has also met with MNH to explore the possibility joint messages under the "SUAMI SIAGA" Campaign and the series of other SIAGA campaigns.

Next Steps

- Complete the communication strategy for Male Participation in FP/RH.
- Continue working with MNH to integrate messages for male participation in FP/RH in the SIAGA campaigns;
- Conduct formative research on husband's perceived constraints to FP;

IR3 PROGRAM OUTPUTS

- Completed STARH/BKKBN *"Quality Family Advocacy and Communication Strategy 2001-2006"*.
- Completed STARH *"Strategic Communication Implementation Plan 2001-2003"*.
- Fifty thousand Quality Family posters and 200 videos distributed to major provinces in Indonesia.
- Distribution of 1,000 copies of fact sheets describing various issues on BKKBN new Vision and Mission.
- Presentation of SMART Patient and journal article.

OTHER STARH PROGRAM SUPPORT ACTIVITIES

1. Partnership and Collaboration

Summary Status: Ongoing

STARH is committed to collaborating with other donors. This is reinforced by BKKBN who view STARH as a technical resource capable of supporting other donor programs and partners who do not have technical teams. There are several collaborative activities in which STARH is playing a role.

- With UNFPA, CIDA, Dutch Aid and the European Commission, STARH is supporting efforts for contraceptive security.
- STARH and the European Commission have jointly sponsored a study tour to expose BKKBN senior staff to logistical issues in decentralized and non-government family planning programs in Mexico and Columbia. STARH and the E.C also jointly sponsored three BKKBN officials on a study tour set up by the Healthy Indonesia 2010 program to look the private sector midwives program.
- STARH, Measure/DHS and the World Bank are jointly sponsoring the 2002 Indonesian Demographic and Health Survey. STARH has been responsible for the technical design to incorporate the World Bank's required measurement of its Safe Motherhood Project into the IDHS. As a result of STARH's efforts the Bank has issues a No Objection Letter (NOL) and released funds ($650,000+) to cover fieldwork costs.
- STARH is collaborating with the Asia Development Bank to jointly fund the district level capacity building for BKKBN field workers (PLKB). The collaboration will train 1,200 PLKBs within the next three months.
- STARH has used its connections to the Gates Leadership Center at Johns Hopkins to get support for capacity building for senior level managers in BKKBN and DepKes from the Bill and Melinda Gates Foundation.

Collaboration with Indonesian professional organizations has been greatly facilitated by long relationships of STARH team members with these organizations. The close working relationship of BKKBN also contributes to ongoing formal and informal collaboration. STARH is working with IBI, IDI, POGI, National Clinical Training Network (NCTN), YKB, PKMI, Muhammadiyah and the Independent Journalists Association. These collaborations are described in more detail under specific activities in this report.

STARH is also collaborating with other SOAG partners. We are sharing evaluation staff and data collection activities with HI2010. Program ASA, MNH and STARH are considering a joint campaign promoting better adherence to "Universal Precautions" for infection prevention. STARH and ASA are also talking about using a "smart patient" strategy to improve injection practices. MNH and STARH share a number of staff and overlapping agendas. Collaboration so far has focused on standards for medical counseling skills, the incorporation of IPC/C in general midwifery guidelines and strengthening. STARH also collaborates with the SOAG partners in its supporting role for the SOAG Secretariat (see section on the Secretariat.)

2. Responding to RH/FP Needs of Internally Displaced People (IDP).

Summary Status: Ongoing

Internally Displaced People (IDPs) is a growing problem in Indonesia. Current estimates suggest there are over 1.5 million IDPs (as at July 2001), dispersed throughout 15 provinces. Many of the IDPs have had IDP status for over two years, are no longer in camps and have health needs beyond basic emergency status (e.g. access to safe water). This complicates the provision of support and requires government to focus on issues such as RH/FP requirements for the long term displaced.

When the SOAG and STARH were designed, it was felt that the reproductive health needs of the IDPs could be handled through the STARH Program in partnership with BKKBN and DepKes. With this in mind, several STARH staff members have attended meetings and become familiar with the NGOs and government agencies involved with the IDP situation. In addition, STARH has responded to a request from BKKBN to assist in the development of an approach for meeting the FP/RH needs of IDPs. STARH has suggested that a first step would be to develop a BKKBN National Strategy for the Provision of RH/FP Information and Services to IDP Populations in Indonesia. This strategy should first justify BKKBN assistance to IDPs, based on the BKKBN mandate, and determine the most strategic approaches to implement the strategy. The National IDP Strategy would then be used to locate resources — either GOI or donor — to support BKKBN's agreed role and approach.

BKKBN has since formed a team to develop a draft strategy and STARH and BKKBN finalized the first in September. It will now go through a review and socialization process before becoming BKKBN national policy. The Strategy will then be used by the provinces and districts to guide BKKBN partnership with other government and NGOs to assist IDPs.

Next Steps

- Refine and finalize the draft strategy with input from BKKBN leadership and other sectors.

3. Support to the IDHS 2002

Summary Status: Ongoing

The last IDHS was in 1997. Since then, economic and political crises have brought about considerable change in government resources for social programs, management of programs (decentralization), awareness of individual rights, changes in the economic status of families and in the perceptions of the roles of government programs. The first detailed national demographic survey since the crisis is scheduled for early 2002. STARH has worked intensively with BKKBN and BPS to produce Terms of Reference that have resulted in approval of the IDHS budget. The IDHS will be unique because it will be the first to cover a sample of men. It will also be unique because it will conduct a separate sub-sample of households to interview unmarried young adults. STARH facilitated a meeting with Lembaga Demografi to try to integrate their youth studies with the data collected by IDHS. We are also discussing LDUI participation in the analysis and report writing. A detailed analysis, dissemination and utilization plan is currently being prepared for STARH funding.

Next Steps

- Prepare the Terms of Reference for the Young Adult Module
- Draft a Young-Adult questionnaire
- Collect inputs form other partners on the content of the survey
- Use the comments to finalize the household, women's, men's, and Young-adult questionnaires
- Finish the analysis plan
- Finish the dissemination plan
- Finish the Utilization plan with a special emphasis on local level use of data.
- Help in negotiating a contract between BKKBN and BPS
- Prepare a technical assistance schedule for Measure/DHS visits.

4. Monitoring USAID Compliance

Summary Status: Ongoing

STARH has a responsibility to check that certain categories of RH/FP activities in Indonesia are in compliance with the requirements of the Tiarht Amendment and the Mexico City Policy. STARH has received guidance on the technicalities of these requirements from USAID (Washington and Jakarta), and is keeping a file on relevant materials and debates. STARH has been monitoring compliance and is designing a standard mechanism for systematic monitoring.

Next steps

- Finalize the monitoring mechanism for Tiarht compliance, and activate.

5. Support for the SOAG Operation

Summary Status: Ongoing

The SOAG Secretariat was established by USAID/GOI to assist with the management and administration of the SOAG. It is located in DepKes and comprises two officials from DepKes, two officials from BKKBN and a Secretariat office manned by an expatriate consultant, a secretary and one messenger. There are plans for a communication officer and perhaps one or two additional staff as needed and requested by the GOI.

The SOAG expatriate consultant, as requested by the GOI and agreed by USAID, spends 75% of his time working on Secretariat business.

The key work of the Secretariat is to:

a) Facilitate the administration of the SOAG by assisting with routine and special SOAG meetings, communications, and program development. This includes the central (Steering Committee) and component (PMUs) levels.
b) Facilitate the integration, coordination and partnership of the SOAG components and the CAs.

USAID has requested the STARH Program to assist the SOAG Secretariat with administrative, financial, staffing support. The STARH Program is providing this support through its administrative and financial office. This includes documenting the financial expenditures of the Secretariat as well as providing the administrative support for the Secretariat staff.

In addition, USAID has requested the STARH Program assist the SOAG Secretariat with technical and administrative support to the PMUs and CAs. This is facilitated by the expatriate consultant and through the monitoring and supervision of the consultant. The SOAG expatriate consultant spends a large part of his time at the Secretariat providing technical and administrative support to the PMUs and CAs, including advice on interactions with the MOH, advice on interactions with USAID, support to the CA groups and support to the various PMUs, including transferring funds to the PMUs as requested and budgeted.

Recently, the SOAG Secretariat has assisted in processing USAID's recent SOAG revisions by helping to gain consensus on these changes, obtaining written input and approval for these changes from the three line government departments and obtaining the necessary signatures of two ministers and the top official at BKKBN to the amendment. This was a three month process that started in July and ended on 30 September with an amended SOAG.

6. Decentralisation Lessons Learned

Summary Status: Ongoing

USAID requested that STARH document lessons learned from the decentralization process. Several activities have been undertaken to start this process including the field testing of a tool for documenting lessons learned (tested in East Java). In addition, STARH team member, Russ Vogel, serves as a resource person for the Minister's Policy Advisory Group which is advising the Minister of Health on the management of change and decentralization. A newly formed Decentralisation Unit has also been established and STARH's access to this unit will ensure monitoring reports and other materials can be used to assess the impact of decentralization on the health sector, including FP and RH.

STARH will work closely with other USAID supported programs and donors who are working decentralization. This will include close collaboration with the MSH decentralization and management program and GTZ's decentralization project based in the Ministry of Internal Affairs.

Next Steps

- Continue to monitor the implementation of decentralization in RH/FP through field visits and access to CAs, the Decentralisation Unit and DepKes' Policy Advisory Group.

OUTPUTS FROM OTHER STARH PROGRAM SUPPORT ACTIVITIES

- Trip reports from participants of study tours to the Philippines, Mexico and Colombia (in preparation).

- *Family Planning Commodity Management Issues: Logistics Systems and Procurement Policies in Indonesia*, prepared for Partners Meeting on Addressing the Reproductive Health Commodity Crisis in Kerala, India.
- STARH paper *"Current Issues in Contraceptive Security in Indonesia"* for Meeting on Contraceptive Security in Istanbul.
- STARH paper *"Issues in Family Planning Commodity Estimation for Indonesia"*, prepared for UNFPA Donors Meeting.
- Briefing paper for donors: *"Review of BKKBN Data on Co ntraceptive Needs for 2002*", 24 August 2001
- Terms of reference for the IDHS and responses to two round of comments from the World Bank (including sample design, analysis plans, and content recommendations to meet the Banks needs for Safe Motherhood Project data.)
- Draft questionnaires for men, women and the households
- Draft manual for SOAG Secretariat Operations
- SOAG CA Financial Guidelines
- Three year SOAG Secretariat budget for USAID support of the Secretariat.
- Approvals from GOI for SOAG Amendment.

APPENDIX A: STATUS REPORT FOR SEMI ANNUAL REPORT MARCH - SEPTEMBER 2001

Approach and Strategies (from workplan)	Status		
	Current Status	**Quarter for actual/ estimated completion**	**Comments**
INTERMEDIATE RESULT 1. ENHANCED POLICY FOR QUALITY OF CARE			
Policy Support for Voluntary Surgical Contraception			
• VSC Assessment	Completed	Q2 2001	VSC assessment completed.
• Policy Development through support to Task Force	Ongoing		Follow on work to ensure policy changes implemented through support to Task Force and facilitation of meetings between DepKes and BKKBN.
• Setting Standards and Guidelines for VSC – review, amend and approve revised guidelines	Ongoing	Q1 2002	*STARH was also requested by DepKes to help review and revise VSC standards and guidelines. Plans now include not only revisions but dissemination activities as well.*
Setting National Standards and Guidelines			
• Family Planning Guidelines			
– Revision and approval	Ongoing	Q2 2002	STARH will work to update DepKes's *Panduan Baku Klinis* as the main reference for service providers in public sector facilities.
– Dissemination	Pending	Q4 2002	
• Bleeding in Early Pregnancy Guidelines	Ongoing	Q2 2002	STARH and MNH are working to update & revise the learning guides and checklists for PAC and supporting courseware. These documents are included in the reference manuals for training providers as well as preparing new clinical trainers.
Policy Support to Adolescent Reproductive Health			
• Policy Paper on existing youth policies/initiatives/data	Pending	Q1 2002	
• Strategy Development for ARH	Pending	Q2 2002	
New Era Quality Families 2015 Policy Support	Ongoing		Policy dialogue ongoing. STARH is encouraging and supporting current policy debate on quality families. As such there is no specific activity but STARH is participating in an ongoing policy process.
Policy Dialogue on Accreditation			
• Consultants visit and draft issues paper	Completed	Q4 2001	STARH needs to disseminate paper more broadly.
• Presentation of findings and report	Pending	Q4 2001	
Compliance with US Legislated Policies			
• Tiahrt Assessment	Completed	Q2 2001	Tiarht assessment and dissemination completed. 50,000 choice posters also produced and distributed.
• Tiahrt Compliance Monitoring	Ongoing	Q3 2001	First compliance report submitted and reporting will be on a semi annual basis.

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Approach and Strategies (from workplan)	Status		
	Current Status	**Quarter for actual/ estimated completion**	**Comments**
INTERMEDIATE RESULT 2. ENHANCED CAPACITY FOR HIGH QUALITY SERVICES			
Performance and Quality Improvement of Service Provision			
• PI Strategies Developed and Tested in Pilot Sites	Ongoing	Q1 2002	
• QIQ Assessment	Pending	Q2 2002	
• Strategic Planning for NCTN	Ongoing	Q4 2001	
• TIMS system refined and data submitted by all NCTN sites	Ongoing	Q3 2002	Monitoring of TIMS data quality and use of the system will continue beyond 2002
• IPC/C			
• PLKB Strategy Development	Completed	Q3 2001	
• PLKB Training as Change Agents	Pending	Q4 2001 (STARH)	STARH is only funding the initial training development and training of trainers. ADB funds will be used to continue training well into 2003.
Contraceptive Security, Planning & Management			
• Logistic Policy Reform Task Force Development	Ongoing	Q4 2001	Delayed due to lack of political will at BKKBN.
• Logistic Management	Pending	Ongoing	Detailed activities still in development.
• Private Sector Development	Ongoing	Ongoing	Same
• Expanding Client Choice			
– Emergency Contraception	Ongoing	Q4 2002	Program development ongoing for information dissemination about EC within Muhammadiyah health network and Aisiyah.
– Implant Tracking & Use of DIP Subsidy	On hold		Implant activity no longer BKKBN priority.
Collaboration with other Donors			
• Commodities Planning	Ongoing	Recurrent	Coordinated action re 2002 Commodities should continue through Q4 2001
• Procurement Manual	On hold		

APPENDIX A: STATUS REPORT FOR SEMI ANNUAL REPORT MARCH - SEPTEMBER 2001

Approach and Strategies (from workplan)	Status		
	Current Status	**Quarter for actual/ estimated completion**	**Comments**
INTERMEDIATE RESULT 3. COMMUNICATION AND ADVOCACY			
Communication Strategies • BKKBN New Era Communications Strategy Developed	Completed	Q1 2001	STARH supported initial BKKBN communications strategy development. Implementation by BKKBN ongoing
Advocacy Strategies • Internal (BKKBN) Advocacy Materials Development • Public Advocacy Campaign Developed and Implemented • Advocacy Materials Disseminated to Target Groups	 Ongoing Ongoing Ongoing	 Q4 2001 Q2 2001 Q1 2002	Advocacy materials such as second fact sheet currently being developed. Initial fact sheet and media launch completed. Mass media and information for special groups under development
Communication for Social Change • NGO Capacity Building with YKB • NGO Network/alliances developed • Develop and pre—test Community Participation tools	 Under Devpm Under Devpm Under Devpm	 Q1 2002 Q1 2002	 Proposal being reviewed and contract likely to be awarded early in 2002. Tools developed and pre-testing to commence early 2002

Approach and Strategies (from workplan)	Status		
	Current Status	**Quarter for actual/ estimated completion**	**Comments**
Component 4. OTHER PROGRAM SUPPORT			
IDPs • BKKBN IDP Strategy Developed	Ongoing	Q4 2001	*STARH support will cease with the completion of BKKBN's IDP strategy*
IDHS • Coordination leading up to the field work	Ongoing	Q2 2002	
Decentralisation Lessons Learned • Testing of monitoring tool and initial field visits	Completed	Q1 2001	Decentralisation lessons learned will be ongoing and observations documented through field visits by STARH staff.
Support to the SOAG • Technical Assistance to SOAG Operations	Ongoing	Ongoing	

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B. Documents distributed by STARH

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